PATENT APPLICATION EE DETERMINATION RECO									()	Application or Docket Number				
									<u> </u>	09/763793				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								_	SMALL ENTITY TYPE			OTHER THAN. SMALL ENTITY		
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE		RATE	FEE	
BAS	IC FEE									395.00	OR		790.00	
TOTAL CLAIMS			minus 20 =			. 48			x\$11=		OR	x\$22=	864	
<u> </u>	PENDENT CL		minus 3 =			•			x41=		OR	x82=	30,	
MULTIPLE DEPENDENT CLAIM PRESENT									-135=		OR	+270=	200	
* If the difference in column 1 is less than zero, enter "0" in column 2							L_	TOTAL		'	TOTAL	270		
CLAIMS AS AMENDED - PART II											OR			
	(Column 1) (Column 2) (Column 3)							1	SMALL ENTITY			OTHER THAN SMALL ENTITY		
AMENDMENT A		REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•		Minus	**		=] [×	\$11=		OR	x\$22=		
	Independent	•		Minus	***		=	,	x41=		OR	x82=		
7	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								135=		OR	+270=		
	(Column 1) (Column:2) (Column 3)								TOTAL ADDIT. FEE			OR ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUSL PAID FOR		PRESENT EXTRA			ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•		Minus	**		=	×	\$11=		OR	x\$22=		
	Independent	•		Minus	***		=	,	x41=		OR	x82=		
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								135=		OR	+270=		
(Column 1) (Column 2) (Column 3)								ADD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
IENT C		CLAIM REMAIN AFTEI AMENDM	ING R		NI PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	•		Minus	**		=] [×	\$11=		OR	x\$22=		
	Independer.t	ender.t *		Minus ***			=	;	x41=		OR	x82=		
-														

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. FORM PTO-875 (Rev. 8/97)



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OR

+270=

TOTAL OR ADDIT. FEE



FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM



+135=

